

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for dates of service 3-13-01 through 6-26-01.
- b. The request was received on 3-12-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA(s)
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. Response to a Request for Dispute Resolution
 - b. HCFAs
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 8-2-02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 8-6-02. The response from the insurance carrier was received in the Division on 8-13-02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Additional Information Submitted by the Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 3-8-02
“**Range of motion (95851) Muscle testing (97750-MT):** ...range of motion testing or muscle testing was denied as being included in another procedure on that day. This test is used to evaluate the patient's progress, and to make sure the established treatment protocol will provide the maximum benefit to the patient. This test is administered in our office by a chiropractor, rather than a physical or occupational therapist...**Therapeutic**

exercise (97110)/therapeutic activities (97530):...multiple units of therapeutic exercise and therapeutic activities were denied, stating that the patient's condition supported these therapies in a group setting...TWCC defines a group as two or more patients performing the exact same exercise as [sic] the exact same time. This would be a more appropriate application if we were conducting an exercise class...This is not the case, however...**TWCC-73 report (99080-73):** ...the TWCC-73 reports were denied stating that they were incomplete or submitted outside the appropriate time frames. On 3/14/01, the patient's estimated return-to-work date was extended from 3/13/01 to 4/13/01. On 5/14/01, the patient's estimated return-to-work date was extended from 5/13/01 to 6/25/01. On 6/26/01, the estimated return-to-work date was extended to 8/15/01. TWCC Rule 129.5 (d) (2) states that the doctor shall submit this report when the employee experiences a change in work status or a substantial change in activity restrictions. Adjusting the estimated return-to-work date is a change in the work status..."

2. Respondent: Letter dated 8-13-02:
"Regarding 97750-MT and 95851: ... It is this carrier's position that these tests ARE NOT tests performed for diagnostic purposes and are global to the office visits billed for the same date of service. The requester also reported the tests in dispute WERE NOT FOR DIAGNOSTIC purposes but for reevaluation, "This test is used to evaluate the patient's progress, and to make sure established protocol will provide the maximum benefit to the patient." It is this carrier's position the patient's diagnosis was made prior to the dates of service in dispute and the patient's diagnosis DID not change....Regarding CPT codes 97110 and 97530 ...**The requester did not document justification for continuation of therapy....The requester did not document one to one therapy was rendered. The requester documented 'supervised exercises' but did not document that the therapy was one to one; did not document one-to-one intervention, interaction, instruction with regard to therapy; did not document ANY changes in the therapies requiring one to one; did not document the type of therapy.**"

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 3-13-01 and extending through 6-26-01.
2. The Carrier has denied the disputed services as reflected on the EOBs as, "T-COND – BASED ON THE TWCC TRMT GUIDELINE'S GROUND RULE 2,A,I-VII CHANGE IN THE PATIENT'S CLINICAL CONDITION AND/OR PROGRESSION HAS NOT BEEN DOCUMENTED TO SUPPORT 1:1 THERAPY. PATIENT'S CONDITION SUPPORTS THERAPY IN A GROUP SETTING"; "F-73 – THE WORK STATUS REPORT (TWCC 73) WAS NOT PROPERLY COMPLETED OR WAS SUBMITTED IN EXCESS OF THE FILING REQUIREMENT, THEREFORE, REIMBURSEMENT IS DENIED PER RULE 129.5"; "G-INT – 04/01/96 TWCC MEDICAL FEE GUIDELINE GROUND RULES INDICATE THAT THIS SERVICE IS AN INTEGRAL COMPONENT OF ANOTHER SERVICE, PROCEDURE, OR PROGRAM. SEPARATE REIMBURSEMENT IS NOT ALLOWED FOR THIS PROCEDURE"; "TX 24 – F G RANGE OF MOTION AND MUSCLE TESTING PERFORMED DURING A RE-EVALUATION BY A PHYSICAL AND

OCCUPATIONAL THERAPIST ARE INCLUDED IN THE REEVALUATION CODE AND WILL NOT BE REIMBURSED SEPARATELY”.

There were numerous readits that supported the denials listed above.

3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
3-13-01 3-14-01 3-16-01 3-28-01 3-29-01 4-2-01 4-4-01 4-6-01 4-9-01 4-11-01 4-13-01 4-16-01 4-18-01 4-20-01 4-23-01 4-24-01 4-25-01 5-22-01 5-23-01 5-25-01 5-29-01 5-30-01 6-1-01 6-5-01 6-7-01 6-8-01 6-13-01 6-14-01 6-15-01	97110 for all dates of service	\$105.00 \$140.00 \$105.00 \$105.00 \$105.00 \$140.00 \$140.00 \$140.00 \$140.00 \$140.00 \$140.00 \$140.00 \$140.00 \$140.00 \$105.00 \$140.00 \$140.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$140.00 \$140.00 \$140.00 \$140.00 \$140.00 \$140.00	\$35.00 \$35.00	T COND for all dates of service	\$35.00 per 15 minute unit	Lower Extremities Treatment Guideline (e) (2); MFG; Medicine Ground Rules (1) (A) (10) (a); CPT Descriptor	<p>The carrier has denied the disputed dates of service as “T COND”.</p> <p>Pursuant to the LETG, the patient is in the post tertiary level of care Documentation for all dates of service in dispute do not indicate that the medical conditions or symptoms that the claimant presented required one-on-one supervision and does not reflect that the one-on-one supervision tapered off over time as the claimant became more familiar with the exercises.</p> <p>Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution Division indicate overall deficiencies in the adequacy of the documentation of this code. The disputes indicate confusion regarding what constitutes “one-on-one.” The Medical Review Division has reviewed the matters in light of all of the Commission requirements for proper documentation and concludes, there is insufficient documentation to allow reimbursement beyond one unit on each date of service. Therefore, no additional reimbursement is recommended.</p>
3-14-01 5-14-01 6-26-01	99080-73 for all dates of service	\$15.00 \$15.00 \$15.00	\$-0- for all dates of service	F 73 F 73 F 73	\$15.00	TWCC Rule 129.5; CPT Descriptor	<p>The Carrier has denied the disputed services as “F 73”.</p> <p>Documentation does not support that a TWCC 73 was prepared for date of service 3-14-01.</p> <p>Documentation does support that the TWCC 73 completed for dates of service 5-14-01 and 6-26-01 were completed in compliance with TWCC Rule 129.5. Therefore, reimbursement is recommended in the amount of \$30.00.</p>

3-16-01 4-13-01 5-22-01 6-8-01	97550-MT for all dates of service	\$43.00 \$43.00 \$43.00 \$43.00	\$-0- for all dates of service	G INT G INT G INT G INT	\$43.00	MFG; Evaluation/Management (IV); Medicine Ground Rule; (E) (3); CPT Descriptor	<p>The Carrier has denied the disputed services as "G-INT".</p> <p>CPT Code 97550-MT is not global to any other code billed on the dates in dispute.</p> <p>Reimbursement is recommended in the amount of \$172.00. (\$43.00 x 4 dates of service = \$172.00)</p>
3-20-01 4-9-01 4-23-01 6-7-01	95851 for all dates of service	\$36.00 \$36.00 \$36.00 \$36.00	\$-0- for all dates of service	G INT G INT F TX 24 F TX 24	\$36.00	MFG; Medicine Ground Rule; (I) (A) (8); CPT Descriptor	<p>The Carrier has denied the disputed services as "G INT, F TX 24".</p> <p>Dates of service 3-20-01 and 4-9-01 were denied as "G INT". CPT Code 95851 is not global to any other code billed for dates of service 3-20-01 and 4-9-01.</p> <p>The Carrier has raised the denial of "F TX 24" for dates of service 4-23-01 and 6-7-01. No documentation was noted in the file that would indicate who performed the ROM testing on those dates. ROM testing is global when performed by an occupational or physical therapist. As there is no documentation to support who performed testing on those dates, no additional reimbursement can be recommended for them.</p> <p>Reimbursement is recommended in the amount of \$72.00. (\$36.00 x 2 dates of service = \$72.00).</p>

4-2-01	97530 for all dates of service	\$140.00	\$35.00	T COND	\$35.00 per 15 minute unit	Lower Extremities Treatment Guideline (e) (2); MFG; Medicine Ground Rules (1) (A) (10) (a); CPT Descriptor	The Carrier has denied the disputed services as “T COND”.
4-4-01		\$140.00	\$35.00	T COND			Pursuant to the LETG, the patient is in the post tertiary level of care. Documentation for all dates of service in dispute do not
4-6-01		\$140.00	\$35.00	T COND			indicate that the medical
4-9-01		\$140.00	\$35.00	T COND			conditions or symptoms that the
4-11-01		\$140.00	\$35.00	T COND			claimant presented required one-
4-13-01		\$140.00	\$35.00	T COND			on-one supervision and does not
4-16-01		\$140.00	\$35.00	T COND			reflect that the one-on-one
4-18-01		\$140.00	\$35.00	T COND			supervision tapered off over time
4-20-01		\$140.00	\$35.00	T COND			as the claimant became more
4-23-01		\$140.00	\$35.00	T COND			familiar with the exercises.
4-24-01		\$140.00	\$35.00	T COND			
4-25-01	\$140.00	\$35.00	T COND			Recent review of disputes involving CPT Code 97530 by the Medical Dispute Resolution Division indicate overall deficiencies in the adequacy of the documentation of this code. The disputes indicate confusion regarding what constitutes “one- on-one.” The Medical Review Division has reviewed the matters in light of all of the Commission requirements for proper documentation and concludes, there is insufficient documentation to allow reimbursement beyond one unit on each date of service. Therefore, no additional reimbursement is recommended.	
Totals		\$5,646.00	\$1,435.00				The Requestor is entitled to reimbursement in the amount of \$274.00.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$274.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 9th day of October 2002.

Lesa Lenart
Medical Dispute Resolution Officer
Medical Review Division

LL/ll